

M. Hervieux observes that this is the first occasion on which the gas found in the veins in sudden death after labour has been collected and analyzed. As to its source in the present case, it could not, he says, be referred to cadaveric decomposition; for the body of the patient had not undergone any remarkable change; and, on the other hand, he has never found the heart and vessels distended with gas in women who have died of metro-peritonitis, although putrefaction rapidly takes place in such cases. The gas could not, for several reasons, have been introduced by the syringe in injection; and if it had been, how did it contain 11 per cent. of carbonic acid and only 7 per cent. of oxygen? M. Hervieux is disposed to attribute the presence of the air to the uterine hemorrhage which took place. He suggests that the mass of blood, diminished in quantity and impaired in quality, may have readily become the seat of some grave perturbation, of hysterical character, leading to the development of gas. —*Brit. Med. Journ.*, March 26, 1864, from *Gazette des Hôpitaux*, January 21, 1864.

44. *Embolism, following Syncope from Post-partum Hemorrhage.*—Dr. J. S. FLETCHER read before the Manchester Medical Society the following case, which is interesting in several points of view and is remarkable in consequence of its favourable termination.

"Mrs. R., aged 36, had previously borne two children. She had phthisis sixteen years ago, from which she recovered, but has been delicate. Her brother died of phthisis, and her father of diabetes. She was confined February 12th, with a girl. The delivery was very rapid, and was shortly followed by profuse hemorrhage, which produced slight fainting, lasting for some time. Her recovery was rapid. She was allowed to sit up on February 25th.

"On March 1st, she rose at 10 A.M. She had suckled the baby frequently in the morning. She ate rather a smaller dinner than usual; but, in other respects, nothing unusual was noticed. At 2 P.M., she was sitting up. The nurse had just taken the baby from her, and turned away; on looking round the moment after, she saw Mrs. R. with her lower jaw dropped, pale, and making signs with her hands. The nurse gave her a tablespoonful of raw brandy, and then got her upon the sofa. Mrs. R. was just able to name her next neighbour, and made signs to send for her. After this she could make no articulate sound.

"When seen half an hour after the seizure, she was lying upon the sofa, pale and much agitated; her head was hot; her hands wet with perspiration; the pulse in right wrist (the only one then examined) 104, full, and jerking. She moved both hands, to express, as it seemed, something wrong about them. The face was somewhat drawn to the left side; and the tongue, when protruded, was pushed to the right side. All power of articulation was completely gone. Mustard was applied to the back of the neck, to the stomach, and to the calves of the legs. Two grains of calomel were given, and ammoniated tincture of valerian was ordered. In about an hour from the time of the attack, she seemed to recover partially, and again spoke easily and plainly; but in another half hour she again became speechless, though conscious, and able to answer by signs.

"At 5.30, Dr. Fletcher saw her, and found that, though the pulse was easily felt in the right wrist, yet it was scarcely perceptible in the left; it was equally feeble in the brachial artery, but was easily found in the axillary, subclavian, and carotid. She could move both hands, but was unable to grasp with the right. The pulse had now become very rapid and weak. Brandy and sal volatile, and then brandy and ammoniated tincture of valerian, were given every twenty minutes; and afterwards five grains of sesquicarbonate of ammonia and half a grain of ammonio-tartrate of iron, in camphor julep, were given alternately with brandy and beef-tea every hour through the night. Blisters were applied behind the ears. Under this treatment, the pulse gradually improved slightly in strength, and was rather more easily felt in the left wrist; but it was still excessively feeble and small.

"2d. 8 A.M. She had dozed a little in the night. Her head was cool; the body was bathed in perspiration. The blisters had risen. The bowels were not open: the abdomen was distended with flatus. She had passed

urine voluntarily every half hour. The pulse was 96, stronger in both wrists, but still scarcely perceptible in the left. There was rather more strength in the right hand, but she was still unable to hold a pencil. An enema of turpentine and soap brought away a copious evacuation and much flatus. During the day, she gradually recovered power in the right side. The tongue, when protruded, was less completely pushed to the right side. The pulse also was diminished in frequency, but retained its force; and in the right wrist it had slightly increased in volume. The urine was pale, of specific gravity 1007, not albuminous.

"3d. There was great improvement in her appearance. The skin was cool, not perspiring; pulse quieter in right wrist, stronger in left. She could hold a pencil in the right hand, and wrote several words on a slate without much difficulty.

"5th. She articulated several words for the first time, as "baby, papa, beef-tea, good night." She wrote that she felt more natural altogether, but complained of pain in the left shoulder, and of tingling in the left arm and leg. The bowels were regular; the pulse better.

"6th. She seemed more nervous; had presentiments of impending evil. The pulse was softer and weaker. She wrote that the sense of smell, which had been impaired, was now all right again.

"From this time her progress was steady, but slow. Her speech was not perfect even so late as the end of May; but her strength had so far returned, that she was then able to go away from home.

"The treatment by sesquicarbonate of ammonia and small doses of iron was continued throughout, with increase of dose, and the addition of a quantity of the tincture of *nux vomica*."

The carbonate of ammonia was given in accordance with Dr. Richardson's theory as to its action in maintaining the fluidity of the blood.

Dr. F.'s theory as to the pathology of this case is: "that at the time of the hemorrhage after labour, a small clot was formed, which, during the time of feeble circulation, probably contracted some adhesion to the walls of one of the heart's cavities—most probably the left ventricle—and when the circulation became more energetic, this was detached, and moving along the aorta, was arrested at the left carotid and the left subclavian arteries, into each of which it entered, fitting on the small portion of the aortic wall between them in the form of a saddle; from which spot a portion was probably detached to be carried into one of the cerebral arteries at the time that she for the second time became speechless and partially hemiplegic, and the second portion into the lower end of the brachial when it stopped the pulse

"It will have been remarked that in the account given of the symptoms, the left side was the one in which the circulation was interrupted, whilst the right side was the one partially paralyzed—this agreeing with the general rule as to cerebral paralysis.

"Another remarkable feature in the case was, that as the pulse improved in the left wrist, the use of the right arm also returned; and these two symptoms seemed to move on together—to me very clearly telling of the same process of removal or absorption of the several clots. This is remarkably seen in the account of March 3d: 'Pulse quieter in right wrist; stronger in left; can hold a pencil in right hand.'

"On the 5th, she could write words; and on the 6th, smell returned. It was a remarkable feature in the case that, although perfectly conscious, she could not for more than a week recollect the words she desired to write on her slate, and would very often use wrong words; indeed it was some weeks before she could always recollect the words she desired to use.

"This lady had been for years subject to rheumatic pains; but she had never had any severe rheumatic attacks; and, although I am quite aware that rheumatism has been found to be often associated with cases of embolism, I cannot suppose that this had any relation to this case—as I think it will be found that it is only in those cases of rheumatism giving rise to heart-disease that any connection can be traced between the two conditions.

"Certain conditions of the blood would undoubtedly give a disposition to the

formation of clots, by deposit from the blood itself; and the condition of rheumatism, I apprehend, may be one of these.

"In considering the question, as to whether or not an embolism can be formed in the blood by simple coagulation of a portion of its fibrin without the existence of any organic change in any part of the heart or bloodvessels—as I believe to have been the case here—we must remember that coagulation of the blood takes place much more readily with a slow and feeble circulation, and that after great loss of blood there is generally a relative excess of fibrin and a much quicker coagulation of the blood (Day), whether this loss occurs by bloodletting or by hemorrhage.

"Pregnancy, too, has its own particular condition of blood; viz., a low specific gravity, from an excess of water, fewer red corpuscles, and a relative excess of fibrin; all circumstances favouring the occurrence of embolism. Her anæmic habit is not an unimportant point in this case, and would aid in the development of an embolon.

"The coexistence of all these favouring circumstances lends additional probability to my opinion, that the case I have narrated was one of the formation of an embolon by simple coagulation; and I think I am warranted in saying that such a pathological condition does occasionally occur. The prognosis in all such cases of embolism would be more favourable than in those arising from organic disease, from the fact of the clot being less firm than detached masses of old-standing effusions are; and referring to Dr. Richardson's experiments on the coagulation of the blood, we find that he could re-dissolve the clot of coagulated blood in serum alkalified with ammonia. This I believe was done in the living subject in Mrs. R.'s case by the administration of ammonia; and I am disposed to give a share of the credit due for the result of this case to Dr. Richardson, for the important additions he has made to our knowledge of the physiology of the blood, although I am quite aware that his conclusions as to the cause of the coagulation have been very ably contested.

"The result of this case has been most satisfactory; for the long continued difficulty of articulation led to some little fear that a permanent difficulty of articulation might be the result, as it is said to be in all cases of recovery from embolism of the cerebral arteries."—*British Med. Journ.*, April 30, 1864.

45. *Fatal Hemorrhage after Delivery caused by the Pressure of a Placental Uterine Polypus.*—J. S. Beale, Esq., records (*Lancet*, April 23, 1864) an account of a *post-mortem* made by him of the body of a female who had died about three or four hours after giving birth to a fine large male child, the labour having been lingering, and the woman faint and exhausted.

"The body was well nourished; features calm; lips blanched; lungs healthy; heart large, pale, and flabby; no blood in the auricles or ventricles. A coagulum extended into the aortic orifice. The pericardium contained about six drachms of fluid. There was about two pints of fluid tinged with blood in the cavity of the abdomen. Liver pale; stomach pale, and containing a little tea; intestines distended with flatus; kidneys and other viscera healthy. Rising above the coils of intestines, and pushing them aside, was seen the uterus largely distended, and about the size of the uterus at the fifth month of gestation. The uterus was opened by an incision shaped like the letter Y, which exposed a fleshy tumour some seven inches in length, terminating in and surrounded by a very large coagulum of dark firm blood closely adherent to the tumour, and blocking up and distending the cavity of the uterus, and projecting within two inches of the external labia. The coagulum was carefully removed, and weighed over twenty ounces. The tumour was now distinctly seen attached by a pedicle over one inch in diameter to the right side of the fundus of the uterus. The pedicle was about three inches in length, and gradually expanded into a glossy, soft, even mass about three inches in breadth and seven inches in length. No lesion of the uterus or vagina was discoverable. The pedicle was firmly attached to the uterus, and was round in form; and the wall of the uterus was injured in its removal, so close was the union. On washing the tumour and incising it, it presented, when placed in water, the cotyledonous structure (only smaller) of the placenta, with the usual spongy cellular tissue.